

# A F F I D A V I T OF OWNERSHIP AND INDEMITY AGREEMENT

The undersigned, being first duly sworn on oath says:

1. That I am the owner of unclaimed funds presently being held by Fond du Lac County and identified in the legal notice published by the Treasurer.
2. That proof of my ownership of such funds arises from the following facts:  
**Check #** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount \$** \_\_\_\_\_
3. That I hereby request Fond du Lac County to pay such unclaimed funds to me and hereby agree to completely indemnify Fond du Lac County against any claim to such funds which might be made by any person, in the event that person is determined to be the rightful owner of such funds.

\_\_\_\_\_  
**Claimants Signature**

\_\_\_\_\_  
**Date**

**Please print current name, address and telephone below**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Telephone Number**

**Proof of Identity must be attached (If via mail, please include copy)**

\_\_\_\_\_ **Driver's License**

\_\_\_\_\_ **Picture I.D.**

**Subscribed and sworn to and before me**  
**this** \_\_\_\_\_ **day of** \_\_\_\_\_, **2015**

\_\_\_\_\_  
**Notary Public Fond du Lac County**  
**My Commission Expires on** \_\_\_\_\_

<b>To Be Completed by County Treasurer's Office</b>
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\_\_\_\_\_  
**Receipt Acknowledged by:**

\_\_\_\_\_  
**Originating Department**

\_\_\_\_\_  
**County Treasurer Signature**